

NOAA ACCESS REQUEST FORM AERONOMY LABORATORY (AL)

NAME: _____ AL MAIL CODE: _____

SSN: _____ ROOM/PHONE: _____

ACTION (Check One): ☐ ADD ☐ REPLACETYPE (Check One): ☐ FEDERAL EMPLOYEE ☐ CONTRACTOR ☐ GUEST RESEARCHERCITIZENSHIP (Check One): ☐ UNITED STATES ☐ FOREIGN NATIONALDUTY HOURS (Check One): ☐ BUSINESS HOURS (6:00 am to 6:00 pm) ☐ 24 HOUR ACCESS
(If both Foreign National and 24 Hour Access is Checked, Complete After Hours Request)

USER GROUPS:

<input type="checkbox"/> NOAAEXT (All exterior doors)	<input type="checkbox"/> BLDG. 24 Annex
<input type="checkbox"/> BLDG. 1 (All exterior doors)	<input type="checkbox"/> 1A119
<input type="checkbox"/> BLDG. 2 (All exterior doors)	<input type="checkbox"/> 1A121
<input type="checkbox"/> BLDG. 4 (All exterior doors)	<input type="checkbox"/> 2A121
<input type="checkbox"/> BDLG. 22 (All exterior doors)	<input type="checkbox"/> 3A302
<input type="checkbox"/> OTHER	

REQUESTING OFFICIAL:

Name/Title:	Signature:	Date:
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AUTHORIZING OFFICIAL:

Name/Title: Deb Wilson/Administrative Officer	Signature:	Date:
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MRSO SECURITY APPROVAL: _____ DATE: _____
(For Non-Federal Employees Only) Wendy Monroe, MRS, x5198, Room 1-4508

SECURITY INVESTIGATION CHARGE:

Org.# _____ Proj.# _____

EMERGENCY CONTACT:

NAME:	DAYTIME PHONE NUMBER:
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SIGNATURE: _____

This signature certifies that the above named Federal employee/Affiliate has received his/her PIN number/ID to access the exterior doors and if needed, access controlled, interior rooms in the NOAA Building at 325 Broadway, Boulder, Colorado. Federal employee/Affiliate agrees to keep his/her PIN number/ID confidential.